



## DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT <b>“HOW AM I DRIVING?” PROGRAM</b>	POLICY NO. <b>802.2</b>	EFFECTIVE DATE <b>05/19/94</b>	PAGE <b>Page 1 of 2</b>
APPROVED BY: <b>original signed by:</b> <b>ARETA CROWELL</b>  Director	SUPERSEDES  <b>N/A</b>	ORIGINAL ISSUE DATE <b>05/19/94</b>	DISTRIBUTION LEVEL(S) <b>1</b>

### PURPOSE

- 1.1 To provide an avenue by which the Department of Mental Health (DMH) employees will be encouraged to drive in a safe and courteous manner while operating a County vehicle.

### POLICY

- 2.1 The DMH will provide formal procedures to inform employees of safe driving practices, and will monitor comments received from the public.
- 2.1.1 DMH employees operating County vehicles are required to exercise safe, courteous, and defensive driving practices. Failure to do so may result in disciplinary action, up to and including discharge.
- 2.1.2 All County-owned vehicles are to be driven only for the purpose of conducting County business.

### PROCEDURES

- 3.1 A “How Am I Driving?” hotline has been established to record complaints received from citizens.
- 3.2 When a caller reports an unsafe driving practice, the Departmental Safety Officer or his/her designee will record the complaint on the Administrative Support Bureau (ASB) Incident Report Form (MH 102A) (Attachment I), listing the date and time of the call; date, time, and location of the incident; vehicle identification; caller’s name, address, and telephone number; and a description of the incident.
- 3.2.1 When an anonymous call is received, an investigation of the incident will be pursued and reported on the Department Incident Report Form (MH-102B) (Attachment II); however, no disciplinary action will be taken on anonymous calls.
- 3.3 When all information from the caller has been recorded on the ASB Incident Report Form, the information will then be transferred to the Departmental Incident Report Form, which is sent to the responsible bureau/division for investigation.



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3.4 After investigation, the completed Departmental Incident Report Form is returned to the Safety Officer or his/her designee, and if warranted, along with a plan for corrective action.

3.4.1 The following procedure is recommended within a twelve (12) month period:

- Step 1. First call/complaint: A letter is sent to the individual involved, noting the corrective action required.
- Step 2. Second call/complaint: A documented meeting with the Departmental Safety Officer.
- Step 3. Third call/complaint: An administrative disciplinary action by the DMH Executive Office may be taken.

### **AUTHORITY**

Board of Supervisors' Recommendation  
DMH Policy 802.1 – Vehicle Control

### **ATTACHMENT**

Attachment I Incident Report form (MH102A)  
Attachment II Incident Report form (MH102B)

LOG # \_\_\_\_\_

## COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

**“HOW AM I DRIVING”****INCIDENT REPORT**

Date of Call: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Time of Call: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Call Received by: \_\_\_\_\_

Name of Caller: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Description of Incident: \_\_\_\_\_

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Location: \_\_\_\_\_

Vehicle  
Description \_\_\_\_\_  
(Make/Body Type/Color of Vehicle)

License Plate #: \_\_\_\_\_ Vehicle #: \_\_\_\_\_

**NOTE: THIS FORM IS NOT FOR DISTRIBUTION.**

LOG # \_\_\_\_\_

## COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

**“HOW AM I DRIVING PROGRAM”  
INCIDENT REPORT**

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Vehicle

Description: \_\_\_\_\_

License Plate #: \_\_\_\_\_ Vehicle #: \_\_\_\_\_

**Driver's Name:** \_\_\_\_\_ **Employee #:** \_\_\_\_\_\_\_\_\_\_  
Supervisor's Name Supervisor's Title\_\_\_\_\_  
Supervisor's Signature Date

Description of Incident: \_\_\_\_\_

\_\_\_\_\_

Findings: \_\_\_\_\_

\_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_

Action Approved By: \_\_\_\_\_

\_\_\_\_\_  
Chief, Administrative Support Bureau Date

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**(FOR ASB USE ONLY)**\_\_\_\_\_  
Date Submitted to Supervisor\_\_\_\_\_  
Date Received from Supervisor

PLEASE RETURN WITHIN FIVE BUSINESS DAYS